

EXHIBIT E

Page 1

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT
3 NORTHERN DIVISION
4 UNITED STATES OF AMERICA

PLAINTIFF

6 V. CAUSE NO. 3:16-CV-622-CWR-FKB
7
8 STATE OF MISSISSIPPI

DEFENDANT

12 DEPOSITION OF DR. JAMES LAMOUSTIN

* * * * *

20 | (Appearances Noted Herein)

23 | Reported By:

24 Kelly M. Powell, CCR, #1692

1 what I'm doing at the hospital. At Pine Belt I
2 worked to keep them out of the hospital, and at
3 the hospital, I work to get them stable enough to
4 where they don't have to come back.

5 Q. What did you do to keep individuals out
6 of the state hospital?

7 A. Medication, individual therapy with the
8 therapists. A lot of times I would go in when
9 they're doing individual therapy and talk with
10 them about some information. If they have a
11 therapist already, I -- if they have a therapist
12 already, I will go in there and together we would
13 talk with the patient. The therapists are always
14 welcome to come in my office and say, I'm having
15 this problem with this patient. I look to see if
16 a medication might be the answer or if there is a
17 psychosocial answer to it or if there is some type
18 of support services that could be provided.

19 Q. What sort of support services would help
20 an individual stay out of the state hospital?

21 MR. GILMORE: Object.

22 Q. (By Mr. Schutzer) You can answer.

23 A. It depends on the situation. For
24 example, you may be able to have a -- not social
25 worker. What are they? Case managers go out

1 there on a -- more frequently, is a possibility.
2 Sometimes it's just a matter of a few more phone
3 calls and sometimes it works and sometimes it
4 doesn't.

5 Q. Any other interventions that you
6 could --

7 A. Medication interventions. Encouraging
8 them to take their medications. Possibly working
9 to get them out of a chaotic home environment, if
10 that's an issue. Possibly working to get them in
11 a group home to provide more structure. It's --
12 it -- in psychiatry, you have to make a unique
13 solution for every problem because these problems
14 are -- involve people, each problem is unique and
15 it requires a unique answer. We're different from
16 other specialties. If I was a cardiologist, I
17 would be able to -- I've got certain medications.
18 A heart is basically a meat pump with four valves
19 and a primitive electrical system. The brain is
20 so complicated. We're going to be vastly
21 different in psychiatry a hundred years from where
22 we are now. It is -- but because of where we're
23 at right now, we do swim in a sea of gray. We
24 have to deal with families that may be supportive,
25 may not be supportive. Medications that are

1 getting more helpful all the time but sometimes
2 aren't as helpful as I would like. We have to
3 deal with financial issues that the person may
4 have. We may have to deal with old traumas, that
5 the patient has, and all of those are addressed.
6 Actually, both inpatient and outpatient, we have
7 to look at.

8 Q. Are there supports that could be
9 provided to family members to assist those family
10 members in supporting their loved ones with mental
11 illness?

12 MR. GILMORE: Objection.

13 Q. (By Mr. Schutzer) You can answer.

14 A. A lot of times you actually need to get
15 the families in therapy also. You can have
16 caregiver fatigue, you can get burnt out, but also
17 you will have just non-supportive family also you
18 have to deal with. And, at that point, you have
19 to say, since mama is not going to be supportive
20 on this, what's the best fit that we can do for
21 this situation? You know, is it something that --
22 what is the patient willing to entertain, because
23 this is his family or her family. And so you try
24 to find an answer that's doable, given the
25 psychosocial constraints of the situation.

1

A. [REDACTED]

2

Q. And what does page 5 say?

3

A. Okay. Let's see. First admission
7/[REDACTED]/12 to 9/[REDACTED]/12. He was admitted after ten
days at CSU. Dr. Bilal admitted. I never saw
this patient. Apparently, it's felt by Dr. Bilal
that he would do better with less restriction,
factors that she could -- and the factors that she
could treat have been treated. So there are times
when people would come in to the CSU and they've
been there for a while and they've gotten better.
And, you know, they come in and you wonder why
they meet criteria -- do they meet criteria or
not. But they'll come in well enough to where
they could have been sent outpatient and they will
be sent to us. But it would be helpful if there
was a way to review that beforehand so that they
could go out to outpatient services instead of
come to us, for a subset of patients.

20

Q. I just want to correct the record. I
referred to this as page 5, it's actually page 4.

22

So based on what you just said for
Mr. [REDACTED] 2012 admission, is it your opinion
that that individual -- that he was appropriate
for admission at the time he was admitted to South